

ALARACT 037/2010 (CORRECTED COPY) MEDICAL GUIDANCE FOR DEPLOYMENT TO HAITI ISO OPERATION UNIFIED RESPONSE, DTG 291631Z JAN 10. This message provides DA medical guidance for deployment to Haiti in support of Operation Unified Response. Paragraph two details required vaccinations, paragraph three covers required pre and post deployment testing, paragraph four covers preventive medicine and personal protective equipment, paragraph five covers the medical threat environment, paragraph six covers field sanitation and hygiene, paragraph seven covers required pre and post deployment health assessments. See the message for specifics.

Classification: UNCLASSIFIED
Caveats: FOUO

O 291631Z JAN 10
FM PTC WASHINGTON DC//ALARACT//
TO ALARACT
ZEN/RMY/OU=ORGANIZATIONS/OU=ADDRESS LISTS/CN=AL ALARACT(UC) BT UNCLAS

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***** THIS IS A COMBINED MESSAGE *****

SUBJ: ALARACT 037/2010 - (CORRECTED COPY) MEDICAL GUIDANCE FOR DEPLOYMENT TO HAITI ISO OPERATION UNIFIED RESPONSE UNCLASSIFIED// THIS MESSAGE HAS BEEN SENT BY THE PENTAGON TELECOMMUNICATIONS CENTER ON BEHALF OF DA WASHINGTON DC//DASG-HSZ//DAMO-DASG//

SUBJECT: (CORRECTED COPY) MEDICAL GUIDANCE FOR DEPLOYMENT TO HAITI ISO OPERATION UNIFIED RESPONSE

REF/A/AR 40-562/IMMUNIZATIONS AND CHEMOPROPHYLAXIS/29SEP06//

REF/B/AR 40-501/STANDARDS OF MEDICAL FITNESS/14DEC07//

REF/C/DODI 6490.3/DEPLOYMENT HEALTH/11AUG06//

REF/D/FM 21-10 FIELD HYGIENE AND SANITATION/21JUN00//

REF/E/SOUTHCOM SURGEON'S BASELINE FORCE HEALTH PROTECTION MESSAGE - HAITI MOD 1/15JAN10//

REF/F/DA PAM 690-47/DA CIVILIAN EMPLOYEE DEPLOYMENT GUIDE/01NOV95//

REF/G/DEPARTMENT OF THE ARMY PERSONNEL POLICY GUIDANCE/07JAN10//

1. (U) THIS ALARACT PROVIDES DEPARTMENT OF THE ARMY MEDICAL GUIDANCE FOR DEPLOYMENT TO HAITI IN SUPPORT OF OPERATION UNIFIED RESPONSE. PARAGRAPH TWO DETAILS REQUIRED VACCINATIONS, PARAGRAPH THREE COVERS REQUIRED PRE AND POST DEPLOYMENT TESTING, PARAGRAPH FOUR COVERS PREVENTIVE MEDICINE AND PERSONAL PROTECTIVE EQUIPMENT, PARAGRAPH FIVE COVERS THE MEDICAL THREAT ENVIRONMENT, PARAGRAPH SIX COVERS FIELD SANITATION AND HYGIENE, PARAGRAPH SEVEN COVERS REQUIRED PRE AND POST DEPLOYMENT HEALTH ASSESSMENTS.

2. (U) VACCINATIONS.

2.A. (U) ENSURE ALL PERSONNEL ARE CURRENT FOR ROUTINE ADULT VACCINATIONS. DO NOT DELAY DEPLOYMENT PENDING COMPLETION OF IMMUNIZATION SERIES:

2.A.(1) (U) HEPATITIS A VACCINE (SERIES COMPLETE, OR DOSE ONE PRIOR TO DEPARTURE).

2.A.(2) (U) HEPATITIS B VACCINE (SERIES COMPLETE, OR DOSE ONE PRIOR TO DEPARTURE).

2.A.(3) (U) POLIO AND MEASLES/MUMPS/RUBELLA VACCINE. IAW DOD POLICY, IT IS ASSUMED ALL POST-ACCESSION PERSONNEL ARE IMMUNE TO THESE DISEASES AND DO NOT

REQUIRE IMMUNIZATION. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED FOR ALL CIVILIAN DEPLOYERS.

2.A.(4) (U) VARICELLA. REQUIRED FOR PERSONNEL WITHOUT EVIDENCE OF IMMUNITY TO VARICELLA. EVIDENCE OF IMMUNITY IN ADULTS INCLUDES ANY OF THE FOLLOWING: DOCUMENTATION OF 2 DOSES OF VARICELLA VACCINE 4 WKS APART, US BORN BEFORE 1980 (NOT FOR HEALTHCARE PERSONNEL), HISTORY OF VARICELLA BASED ON DIAGNOSIS OR VERIFICATION BY HEALTHCARE PROVIDER, OR LABORATORY EVIDENCE OF IMMUNITY (TITER). DOCUMENTATION OF STATUS INTO THE MEDICAL RECORD AND SERVICE IMMUNIZATION DATABASE IS REQUIRED.

2.A.(5) (U) TETANUS-DIPHTHERIA IN PAST 10 YEARS: A ONE-TIME DOSE OF TETANUS-DIPHTHERIA-PERTUSSIS (TDAP) IS REQUIRED IF NOT PREVIOUSLY RECEIVED AND IF MORE THAN 2 YEARS HAVE ELAPSED FROM THE LAST TETANUS BOOSTER.

2.A.(6) (U) INFLUENZA VACCINE (CURRENT ANNUAL VACCINE).

2.A.(7) (U) 2009-H1N1 FLU VACCINE.

2.A.(8) (U) TYPHOID VACCINE. (INJECTABLE OR ORAL), CURRENT PER PACKAGE INSERT WITHIN TWO YEARS FOR INJECTABLE OR FIVE YEARS FOR ORAL.

2.A.(9) (U) PNEUMOCOCCAL VACCINE. REQUIRED FOR ASPLENIC (NO SPLEEN) PERSONNEL, GIVE ONE REVACCINATION FIVE OR MORE YEARS AFTER INITIAL PNEUMOCOCCAL VACCINATION. RECOMMENDED ONE TIME DOSE FOR PERSONNEL WITH HIGH RISK HEALTH CONDITIONS PER ACIP.

2.A.(10) (U) RABIES. PRE-EXPOSURE RABIES VACCINE SERIES IS REQUIRED FOR VETERINARY WORKERS, THOSE INVOLVED IN ANIMAL CONTROL, AND SPECIAL OPERATIONS PERSONNEL.

2.B. (U) TRACKING OF UNIT IMMUNIZATIONS WILL BE RECORDED IN MEDPROS.

3. (U) TESTING. THE FOLLOWING TESTS AND/OR SCREENINGS ARE REQUIRED PRIOR TO DEPLOYMENT.

3.A. (U) HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING AND PRE-DEPLOYMENT SERUM SPECIMENS.

3.A.(1) (U) HIV SCREENING WILL BE WITHIN THE PREVIOUS 24-MONTHS PRIOR TO DEPLOYMENT. RESERVE COMPONENT (RC) PERSONNEL ARE REQUIRED TO HAVE CURRENT HIV TEST WITHIN TWO YEARS OF THE DATE CALLED TO ACTIVE DUTY FOR 30-DAYS OR MORE. HIV TESTING IS NOT REQUIRED FOR CIVILIAN (DA/DOD, CONTRACTOR, RED CROSS, AND AAFES) PERSONNEL. REFERENCE DA PAM 690-47, CHAPTER 1-38.

3.A.(2) (U) PRE-DEPLOYMENT SERUM SPECIMENS FOR MEDICAL EXAMINATIONS WILL BE COLLECTED WITHIN ONE YEAR OF DEPLOYMENT. THE MOST RECENT SERUM SAMPLE, INCLUDING SERUM COLLECTED FOR HIV TESTING, COLLECTED WITHIN THE PREVIOUS 365-DAYS OF THE DATE OF THE DEPLOYMENT MAY SERVE AS THE PRE-DEPLOYMENT SERUM SAMPLE.

3.A.(3) (U) THERE IS NO REQUIREMENT FOR HIV TESTING FOLLOWING REDEPLOYMENT. HOWEVER, THERE IS A REQUIREMENT FOR POST-DEPLOYMENT SERUM SAMPLE WITHIN 30-DAYS AFTER ARRIVAL AT THE DEMOBILIZATION SITE, HOME STATION, OR IN-PATIENT MEDICAL TREATMENT FACILITY.

3.B. (U) DNA SAMPLE (ONLY ONE LIFETIME SAMPLE IS REQUIRED).

3.C. (U) G6PD DEFICIENCY. ALL PERSONNEL WILL BE SCREENED FOR G6PD DEFICIENCY WITH TEST RESULTS DOCUMENTED IN MEDPROS, DD 2766, AND THE HEALTH RECORD. A SINGLE SCREENING TEST IS SUFFICIENT. PERSONNEL WITH G6PD DEFICIENCY WILL NOT RECEIVE PRIMAQUINE.

3.D. (U) PREGNANCY TESTING. ALL DEPLOYING FEMALE SOLDIERS WILL BE ADMINISTERED A PREGNANCY TEST, WITHIN ONE MONTH PRIOR TO ACTUAL MOVEMENT OVERSEAS. FEMALE SOLDIERS WHO HAVE UNDERGONE A HYSTERECTOMY, HAD A BILATERAL TUBAL LIGATION, OR WHO ARE POST MENOPAUSAL ARE EXEMPT FROM THIS REQUIREMENT.

3.E. (U) FOR FEMALE SOLDIERS DEPLOYING UP TO AND INCLUDING 03 FEB 10, THERE IS NO REQUIREMENT FOR PAPANICOLAOU TEST (PAP SMEAR). FOR FEMALE SOLDIERS DEPLOYING

AFTER 03 FEB 10 ARE REQUIRED TO HAVE A PAPANICOLAOU TEST (PAP SMEAR) WITHIN 12-MONTHS OF DEPLOYMENT UNLESS THEY MEET ONE OF THE FOLLOWING CRITERIA: (1) THEY ARE 30-YEARS OF AGE OR OLDER WITH NO HISTORY OF DYSPLASIA IN THE PAST AND THEY HAVE THREE CONSECUTIVE NORMAL PAP SMEARS. THESE WOMEN ARE REQUIRED TO HAVE PAP SMEARS/CERVICAL CYTOLOGY EVERY THREE YEARS; (2) THE SOLDIER HAS HAD A HYSTERECTOMY WITH REMOVAL OF THE CERVIX FOR REASONS OTHER THAN CERVICAL DYSPLASIA OR CANCER. SHE IS PERMANENTLY EXEMPT FROM THE PAP SMEAR. THOSE WITH A HISTORY OF SUPRACERVICAL HYSTERECTOMY (CERVIX PRESENT) DO NOT HAVE PERMANENT EXEMPTION.

3.F. (U) FEMALE SOLDIERS AGE 25-YEARS OR YOUNGER ARE REQUIRED TO HAVE ANNUAL CHLAMYDIA TESTING.

3.G. (U) FOR FEMALE SOLDIERS DEPLOYING UP TO AND INCLUDING 03 FEB 10, THERE IS NO REQUIREMENT FOR MAMMOGRAM. FEMALE SOLDIERS DEPLOYING AFTER 03 FEB 10 AGE 40-YEARS AND OVER ARE REQUIRED TO HAVE A MAMMOGRAM A MINIMUM OF EVERY TWO YEARS. MORE FREQUENT INTERVALS MAY BE INDICATED BASED ON PATIENT RISK FACTORS AND CLINICAL JUDGMENT.

3.H. (U) VISION READINESS. THE VISION READINESS OF EACH SOLDIER WILL BE ASSESSED WITHIN 12-MONTHS OF DEPLOYMENT. SOLDIERS CLASSIFIED AS VISION READINESS CLASSIFICATION ONE AND TWO ARE FULLY DEPLOYABLE. SOLDIERS IN CLASS THREE OR FOUR ARE NOT DEPLOYABLE. SOLDIERS WHO ARE IN CLASS THREE (UNCORRECTED VISION IS WORSE THAN 20/40 OR WHO DO NOT POSSES REQUIRED OPTICAL DEVICES) OR CLASS FOUR (LAST VISION SCREENING OR EYE EXAM IS GREATER THAN ONE YEAR OLD OR VISION CLASSIFICATION IS UNKNOWN) AT THE TIME OF SCREENING WILL IMMEDIATELY BE RECLASSIFIED AFTER OBTAINING CORRECTIVE VISION OR OPTICAL SERVICES.

3.I. (U) HEARING READINESS. DEPLOYING SOLDIERS ARE REQUIRED TO HAVE A CURRENT (WITHIN 12-MONTHS) DD FORM 2215 (REFERENCE BASELINE AUDIOGRAM) OR DD FORM 2216 (PERIODIC AUDIOGRAM) IN THEIR MEDICAL RECORD. IF THERE IS NO DD FORM 2215, THEN ONE WILL BE COMPLETED BY QUALIFIED PERSONNEL USING THE DEFENSE OCCUPATIONAL ENVIRONMENTAL HEALTH READINESS SYSTEM HEARING CONSERVATION AUDIOMETER. THE DD FORM 2216 FULFILLS THIS REQUIREMENT IF IT HAS BEEN COMPLETED WITHIN THE PAST 12-MONTHS.

3.J. (U) IPPD OR IGRA SCREENING. NEGATIVE INTRADERMAL PURIFIED PROTEIN DERIVATIVE (IPPD) REACTION OR INTERFERON-GAMMA RELEASE ASSAY (IGRA), SUCH AS QUANTIFERON-TB GOLD AND QUANTIFERON-TB GOLD-IN-TUBE TEST, WITHIN 12-MONTHS OF DEPLOYMENT.

3.J.(1) (U) DEPLOYMENT REQUIREMENTS. TB CONVERTORS WHO HAVE A PRIOR EVALUATION INCLUDING NEGATIVE CHEST X-RAY ARE DEPLOYABLE. PERSONNEL WHO HAVE RECENTLY CONVERTED THEIR IPPD/IGRA TO POSITIVE MUST BE EVALUATED MEDICALLY AND APPROPRIATELY CLEARED BY HISTORY AND CHEST X-RAY BEFORE BEING CONSIDERED FOR DEPLOYMENT.

3.J.(2) (U) POST-DEPLOYMENT REQUIREMENTS. SOLDIERS' EXPOSURE TO TB DURING DEPLOYMENT WILL BE ASSESSED IN THE POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA). IF THE PDHA PROVIDER DETERMINES THAT A SOLDIER IS AT INCREASED RISK OF HAVING BEEN INFECTED WITH TB (I.E., INCREASE RISK IS DEFINED AS INDOOR EXPOSURE OF GREATER THAN ONE HOUR PER WEEK), THE SOLDIER WILL BE SCREENED WITH AN IPPD/IGRA WITHIN 10-DAYS OF REDEPLOYMENT AND AGAIN THREE TO SIX MONTHS AFTER REDEPLOYMENT TO THOSE WHO HAD A PREVIOUS NEGATIVE IPPD/IGRA. PERSONNEL WITH A PRIOR POSITIVE IPPD/IGRA SHOULD BE MEDICALLY SCREENED ONLY.

4. (U) PREVENTIVE MEDICINE AND PERSONAL PROTECTIVE EQUIPMENT (PPE).

4.A. (U) ALL DEPLOYING PERSONNEL (MILITARY AND DOD CIVILIAN) WILL DEPLOY WITH A DEPLOYABLE MEDICAL RECORD (DD FORM 2766) UPDATED WITH BLOOD TYPE, MEDICATION/ALLERGIES, SPECIAL DUTY QUALIFICATIONS, IMMUNIZATION RECORD, PRE-

DEPLOYMENT HEALTH ASSESSMENT FORM, AND SUMMARY SHEET OF PAST MEDICAL PROBLEMS. UNITS WILL NOT DEPLOY WITH HEALTH AND DENTAL RECORDS. HEALTH AND DENTAL RECORDS WILL BE RETURNED TO HOME STATION FOLLOWING MOBILIZATION/DEPLOYMENT PROCESSING. RECORDS WILL BE RETURNED TO THE DEMOBILIZATION STATION FOR REVIEW DURING MEDICAL OUT-PROCESSING. UPON RETURN FROM THIS DEPLOYMENT, THE DA FORM 2766 WILL BE INTEGRATED INTO THE SOLDIER'S MEDICAL RECORD.

4.B. (U) A MINIMUM 60-DAY SUPPLY OF ALL CURRENT MEDICATIONS.

4.C. (U) VECTOR CONTROL ITEMS.

4.C.(1) (U) INSECT REPELLENT, CLOTHING (APPLICATION IDA KIT), NSN: 6840-01-345-0237, ONE KIT PER UNIFORM. THE REGULAR ACU CAN AND MUST BE TREATED WITH PERMETHRIN; THE IDA KIT IS THE PREFERRED METHOD. ONCE TREATED, ACUS SHOULD NOT BE DRY CLEANED BUT CAN BE WASHED AND DRIED WITH REGULAR LAUNDRY. THE ARMY BEGAN ISSUING THE FLAME-RESISTANT ARMY COMBAT UNIFORMS (FRACU) TO SELECTED SOLDIERS IN JAN 08. DUE TO FABRIC DIFFERENCES IN THE FRACU, AVAILABLE FIELD METHODS TO APPLY REPELLENT ARE NOT EFFECTIVE AND CANNOT BE USED.

4.C.(2) (U) INSECT REPELLENT, CLOTHING APPLICATION, AEROSOL, PERMETHRIN ARTHROPOD REPELLENT, 6-OZ CANS, NSN: 6840-01-278-1336, IS SUITABLE FOR USE IF THE IDA KIT IS NOT AVAILABLE.

4.C.(3) (U) INSECT/ARTHROPOD REPELLENT LOTION, NSN: 6840-01-284-3982, FOUR TUBES.

4.C.(4) (U) BED NET, POP-UP, SELF-SUPPORTING LOW PROFILE BED NET (SSLPB), TREATED WITH PERMETHRIN REPELLENT, GREEN CAMOUFLAGE, NSN: 3740-01-516-4415) OR COYOTE BROWN, NSN: 3740-01-518-7310. IF THE POP-UP BED NETS ARE NOT READILY AVAILABLE, OBTAIN ANY OTHER MILITARY OR COMMERCIALY-AVAILABLE BED NET. THESE ARE CRITICAL TO PROTECTING SOLDIERS.

4.C.(5) (U) SUNSCREEN SPF-15 OR GREATER AND LIP BALM (NSN: 6508-01-265-0079).

4.C.(6) (U) SINGLE OR TRIPLE FLANGE EARPLUGS OR COMBAT ARMS EARPLUGS (NSN: 6515-01-466-2710).

4.C.(7) (U) WATER PURIFICATION TABLET IODINE (NSN: 6850-00-985-7166).

4.C.(8) (U) WATERLESS HAND SANITIZER (NSN: 8520-01-490-7358).

4.D. (U) PERMITTED EQUIPMENT. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT (FOR EXAMPLE, CORRECTIVE EYEWEAR, HEARING AIDS, ORTHODONTIC EQUIPMENT) MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION, TO INCLUDE TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGGLASS INSERTS, BALLISTIC EYEWEAR INSERTS, AND HEARING AID BATTERIES.

4.E. (U) CONTACT LENSES. SOLDIERS WHO MUST WEAR CONTACT LENSES TO ACHIEVE VISION STANDARDS, WHO CANNOT SATISFACTORILY PERFORM THEIR MOS WITH THEIR BEST SPECTACLE CORRECTION, OR FALL BELOW VISION RETENTION STANDARDS WITH THEIR BEST SPECTACLE PRESCRIPTION SHOULD NOT DEPLOY. CONTACT LENS WEAR IS NOT AUTHORIZED IN FIELD ENVIRONMENTS OR WHILE DEPLOYED.

4.F. (U) THE IMPROVED FIRST AID KIT (IFAK) (NSN: 545-01-530-0929).

4.G. (U) OCCUPATIONAL/OPERATIONAL-SPECIFIC PERSONAL PROTECTIVE EQUIPMENT (PPE), FOR EXAMPLE, RESPIRATORS, N-95 PROTECTIVE MASKS, HEARING PROTECTION, PERSONAL DOSIMETERS, GLOVES, INCLUDING LEATHER GLOVES DURING RECOVERY OPERATIONS. N-95 PROTECTIVE MASK OR DUST MASKS SHOULD BE WORN IN ANY RECOVERY OPERATIONS OR WHEN DUST IS EVIDENT (WINDY). PERSONAL PROTECTIVE EQUIPMENT THAT IS AVAILABLE ON STATION SHOULD BE MADE AVAILABLE DURING DEPLOYMENT BY THE SENDING UNIT. IF ADDITIONAL PPE IS WARRANTED BASED ON OPERATIONAL RISK, THE JOINT TASK FORCE-HAITI AND SOUTHCOM SURGEONS WILL PROVIDE RECOMMENDATIONS. ON-SITE COMMANDERS AND PERSONNEL SHOULD ALSO EVALUATE THE NEED TO UPDATE PPE, BASED ON THEIR CONTINUING REEVALUATION OF OPERATIONAL RISKS.

4.G.(1) (U) PERSONAL DURABLE MEDICAL EQUIPMENT (E.G., CPAP, TENS, ETC.) IS NOT PERMITTED. MEDICAL MAINTENANCE, LOGISTICAL SUPPORT, AND INFECTIONS PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT IS NOT AVAILABLE AND ELECTRICITY IS UNRELIABLE.

4.H. (U) MALARIA. CHLOROQUINE-SENSITIVE MALARIA TRANSMISSION OCCURS IN HAITI YEAR-ROUND AND MAY BE ELEVATED DURING AND AFTER RAINY SEASONS. THE MALARIA IS PREDOMINANTLY DUE TO PLASMODIUM FALCIPARUM (99%), AS ASSESSED BY NCMI, [HTTPS://WWW.INTELINK.GOV/NCMI](https://www.intelink.gov/ncmi).

4.H.(1) (U) RECOMMENDED REGIMEN FOR MALARIA CHEMOPROPHYLAXIS:

4.H.(1)(A) (U) PERSONNEL SHOULD TAKE CHLOROQUINE [ONE 500-MILLIGRAM (MG) TABLET] WEEKLY, BEGINNING ONE TO TWO WEEKS PRIOR TO DEPARTURE, WEEKLY ON THE SAME DAY OF THE WEEK WHILE IN THEATER, AND FOR FOUR WEEKS AFTER LEAVING THEATER. ALTERNATE REGIMEN INCLUDES DOXYCYCLINE 100-MILLIGRAM TABLET PER DAY, STARTING 1-2 DAYS PRIOR TO DEPLOYMENT TO HAITI AND CONTINUING DAILY WHILE IN THEATER AND FOR FOUR WEEKS AFTER DEPARTURE FROM THEATER. THESE REGIMENS ARE APPROVED FOR AIRCREW MEMBERS.

4.H.(1)(B) (U) ALTERNATE REGIMEN: PERSONNEL SHOULD TAKE ATOVAQUONE-PROGUANIL (MALARONE, ONE TABLET, 250-MG ATOVAQUONE/100-MG PROGUANIL) DAILY, BEGINNING ONE TO TWO DAYS PRIOR TO DEPLOYMENT TO HAITI AND CONTINUING DAILY WHILE IN THEATER AND FOR SEVEN DAYS AFTER DEPARTURE FROM THEATER. THIS REGIMEN IS APPROVED FOR ARMY AIRCREW MEMBERS.

4.H.(2) (U) TERMINAL PROPHYLAXIS IS NOT REQUIRED FOR TRAVEL TO HAITI.

5. (U) ALL DEPLOYING PERSONNEL SHOULD BE BRIEFED BY PREVENTIVE MEDICINE OR OTHER MEDICAL PERSONNEL ON THE MEDICAL THREAT ENVIRONMENT AND COUNTERMEASURES. THE MEDICAL THREAT BRIEFING AND OTHER INFORMATION MAY BE FOUND ONLINE AT: [HTTP://USACHPPM.AMEDD.ARMY.MIL](http://usachppm.amedd.army.mil). AT A MINIMUM, THE FOLLOWING TOPICS WILL BE COVERED:

5.A. (U) ENDEMIC DISEASES.

5.A.(1) (U) ACUTE DIARRHEAL DISEASES.

5.A.(2) (U) VECTOR-BORNE DISEASES.

5.A.(2)(A) (U) VECTOR-BORNE DISEASES ARE TRANSMITTED BY MOSQUITOES, TICKS, LICE, AND FLEAS. OVERALL RISK TO DOD PERSONNEL IS RELATIVELY HIGH IN HAITI. VECTOR-BORNE DISEASE CAN SIGNIFICANTLY IMPACT FORCE HEALTH, UNLESS PREVENTIVE MEASURES ARE ENFORCED. AVOIDANCE OF VECTORS (24-HRS/DAY) IS KEY, INCLUDING HABITAT AWARENESS, PROPER WEAR OF UNIFORM/OTHER CLOTHING, AND USE OF PREVENTIVE MEASURES.

5.A.(2)(B) (U) MALARIA, DENGUE FEVER, AND OTHER VECTOR-BORNE ILLNESSES. THE ASSESSMENT BY THE NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI), [HTTPS://WWW.INTELINK.GOV/NCMI](https://www.intelink.gov/ncmi), IS THAT RATES OF ILLNESS REQUIRING INPATIENT CARE ARE POTENTIALLY 11-50% OF SOLDIERS PER MONTH DUE TO INFECTIONS FROM DENGUE FEVER (DAY-BITING MOSQUITO) AND 1-10% OF SOLDIERS PER MONTH DUE TO MALARIA (NIGHT-BITING MOSQUITO). PERSONAL PROTECTIVE MEASURES AGAINST INSECT AND ARTHROPOD VECTORS OF DISEASE, TO INCLUDE USE OF INSECT REPELLENT, BED NETS, AND PROPER WEAR OF THE UNIFORM, ARE REQUIRED THROUGHOUT THE AOR AND MUST BE GIVEN HIGHEST PRIORITY.

5.A.(3) (U) FOOD-BORNE AND WATER-BORNE DISEASES: BACTERIAL AND PROTOZOAL DIARRHEA, HEPATITIS A, TYPHOID/PARATYPHOID FEVER, BRUCELLOSIS, CHOLERA, HEPATITIS E.

5.A.(3)(A) (U) ACUTE DIARRHEAL DISEASES CONSTITUTE THE GREATEST POTENTIAL INFECTIOUS DISEASE THREAT TO DOD MEMBERS DURING DEPLOYMENTS WHERE UNSAFE WATER AND FOOD ARE PRESENT. TO COUNTER THIS THREAT WHEN SUCH CONDITIONS EXIST: NO FOOD OR WATER (INCLUDING ICE) SHOULD BE CONSUMED UNLESS FIRST APPROVED BY US

MILITARY MEDICAL AUTHORITIES (SEE REF W). FIELD SANITATION AND HYGIENE (IAW REF V) WILL BE CONTINUALLY EMPHASIZED AND REQUIREMENTS FOLLOWED.

5.A.(3)(B) (U) THE RISK OF LEPTOSPIROSIS IS ASSESSED BY NCMI AS OPERATIONALLY SIGNIFICANT. HIGH INFECTION RATES (POTENTIALLY 1-10% OF SOLDIERS PER MONTH, UP TO 50% FOR PROLONGED EXPOSURE) COULD OCCUR AMONG PERSONNEL WADING OR SWIMMING IN BODIES OF WATER SUCH AS LAKES, STREAMS, OR IRRIGATED FIELDS. LEPTOSPIROSIS CAUSES DEBILITATING FEBRILE ILLNESS TYPICALLY REQUIRING ONE TO SEVEN DAYS OF INPATIENT CARE. SOLDIERS SHOULD AVOID CONTACT WITH FRESH SURFACE WATER, INCLUDING RIVERS, LAKES, AND IRRIGATED FIELDS.

5.A.(4) (U) RABIES.

5.A.(4)(1) (U) RABIES RISK IS ASSESSED BY NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI), [HTTPS://WWW.INTELINK.GOV/NCMI](https://www.intelink.gov/ncmi), AS WELL ABOVE US LEVELS DUE TO INEFFECTIVE CONTROL PROGRAMS. SOLDIERS BITTEN OR SCRATCHED BY POTENTIALLY INFECTED ANIMALS, INCLUDING DOGS, CATS, BATS, OR WILD CARNIVORES, MAY DEVELOP RABIES IN THE ABSENCE OF APPROPRIATE PROPHYLAXIS. RABIES IS A VERY SEVERE ILLNESS WITH NEAR 100% FATALITY RATE IN THE ABSENCE OF POST-EXPOSURE PROPHYLAXIS.

5.A.(4)(2) (U) UNIT MEDICAL ASSETS SHOULD BRING AN ADEQUATE SUPPLY OF HUMAN RABIES IMMUNE GLOBULIN (HRIG) AND RABIES VACCINE.

5.A.(5) (U) SEXUALLY TRANSMITTED DISEASES (STD): GONORRHEA, CHALMYDIA, HIV/AIDS, HEPATITIS B. ABSTINENCE IS THE ONLY WAY TO ENSURE PREVENTION OF A STD. IT IS OFTEN IMPOSSIBLE TO DETECT A STD IN A POTENTIAL PARTNER. LATEX CONDOMS SHOULD BE MADE AVAILABLE AND USED BY ALL CHOOSING TO BE SEXUALLY ACTIVE. PROPER USE INCLUDES PLACEMENT PRIOR TO FOREPLAY, USE OF NON-PETROLEUM LUBRICANT TO DECREASE BREAKAGE AND USE OF A NEW CONDOM WITH EACH SEXUAL CONTACT. ENCOURAGE PERSONNEL TO SEEK PROMPT MEDICAL TREATMENT FOR STD SYMPTOMS.

5.B. (U) ENVIRONMENTAL HEALTH THREATS.

5.B.(1) (U) TOPOGRAPHY AND CLIMATE AS IT RELATES TO HEALTH AND SAFETY.

5.B.(1)(A) (U) WEATHER HAZARDS. TAKE APPROPRIATE PRECAUTIONS WITH REGARD TO LIGHTNING, SUN EXPOSURE, HEAT/HUMIDITY, EXPOSURE TO RAIN, SNOW, WIND, AND COLD TEMPERATURES. EXERCISE CAUTION WHEN CONDUCTING OPERATIONS IN TIMES OF LIMITED VISIBILITY. HAVE AN EVACUATION PLAN IN THE EVENT OF SEVERE WEATHER (TORNADOS, STORM SURGE).

5.B.(1)(B) (U) HEAT/SOLAR INJURIES/ILLNESS. HEAT INJURIES MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ACCLIMATIZATION TO INCREASED TEMPERATURE AND HUMIDITY MAY TAKE 10 TO 14-DAYS. INJURIES CAN INCLUDE DEHYDRATION, HEAT EXHAUSTION AND STROKE, AND SUNBURN. ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS OF HEAT INJURY PREVENTION. ENSURE AVAILABILITY AND USE OF INDIVIDUAL PROTECTION SUPPLIES / EQUIPMENT SUCH AS SUNSCREEN, LIP BALM, AND SUN GOGGLES/GLASSES.

5.B.(2) (U) CONTAMINATION AND POLLUTION. POTENTIALLY LOCALIZED OR REGIONAL THREATS COULD RESULT FROM CONTAMINATION OF SURFACE AND GROUND WATER WITH RAW SEWAGE AND INDUSTRIAL WASTES, URBAN AIR AND WATER POLLUTION, AND FRUIT AND VEGETABLE CONTAMINATION. CONSULT ENVIRONMENTAL SAFETY AND HEALTH ASSESSMENT TEAM AND MEDICAL FOOD INSPECTION PERSONNEL FOR LOCATION-SPECIFIC INFORMATION.

5.B.(3) (U) DANGEROUS FLORA AND FAUNA.

5.B.(3)(A) (U) AVOID ANIMALS REGARDLESS OF WHETHER THEY ARE WILD OR DOMESTICATED. DO NOT KEEP MASCOTS. ANIMALS CAN TRANSMIT VARIOUS DISEASES TO PEOPLE, INCLUDING RABIES.

5.B.(3)(B) (U) VARIOUS SPECIES OF POISONOUS SNAKES AND SPIDERS MAY BE PRESENT. AWARENESS AND AVOIDANCE ARE KEY.

5.C. (U) OCCUPATIONAL/OPERATIONAL HEALTH THREATS.

5.D. (U) MENTAL HEALTH INFORMATION TO INCLUDE DEPLOYMENT-RELATED STRESSORS, SUICIDE RISK, AND TRAUMATIC STRESS. ALL PERSONNEL SHOULD BE AWARE OF COMBAT AND DEPLOYMENT-RELATED STRESS, SIGNS/SYMPTOMS, AND HOW TO SEEK HELP FOR THEMSELVES OR THEIR BUDDY. COMMANDERS AND ALL PERSONNEL SHOULD BE COGNIZANT OF SLEEP DISCIPLINE.

5.E. (U) INJURIES (WORK AND RECREATIONAL). WORK--AS WELL AS SPORTS AND OTHER RECREATIONAL--INJURIES ARE SIGNIFICANT CONTRIBUTORS TO MISSION INEFFECTIVENESS. COMMAND EMPHASIS OF SAFETY AWARENESS IS IMPORTANT.

5.F. (U) FOOD AND WATER SAFETY.

5.G. (U) CRIME AND TERRORISM, INCLUDING CBRNE THREATS.

6. (U) FIELD HYGIENE AND SANITATION.

6.A. (U) NOT ALL POTENTIAL SOURCES OF INFECTION OR ILLNESS CAN BE COUNTERED WITH VACCINATIONS OR TAKING PRESCRIBED MEDICATIONS. THE BEST DEFENSE AGAINST THESE THREATS IS STRICT DISCIPLINE IN PROPER FIELD HYGIENE AND SANITATION PRACTICES BY SOLDIERS, LEADERS, AND UNITS. THE LOGISTICS SITUATION IN HAITI IS EXTREMELY DIFFICULT AND MANY SOLDIERS AND UNITS WILL HAVE TO ENSURE THEIR OWN HEALTH AND DISEASE PREVENTION BY STRICT ENFORCEMENT OF PROPER FIELD SANITATION AND HYGIENE.

6.B. (U) UNITS AUTHORIZED FIELD SANITATION TEAMS WILL ENSURE THEY ARE ASSIGNED, TRAINED, EQUIPPED, AND PROPERLY EMPLOYED.

6.C. (U) LEADERS WILL ENSURE ALL SOLDIERS ARE FAMILIAR WITH APPLICABLE PROTECTIVE MEASURES AND DISCIPLINES AS PUBLISHED IN FM 21-10, FIELD HYGIENE AND SANITATION, AND ENFORCE THEIR APPLICATION THROUGH REGULAR CHECKS.

6.D. (U) CONTACT WITH LOCAL ANIMALS WILL BE AVOIDED. NO PETS OR MASCOTS WILL BE KEPT.

6.E. (U) FOOD AND WATER SOURCES: THE NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI), [HTTPS://WWW.INTELINK.GOV/NCMI](https://www.intelink.gov/ncmi), ASSESSES THAT FOOD AND WATER IN HAITI VERY LIKELY ARE CONTAMINATED WITH FECAL PATHOGENS, CAUSING A HIGH RISK OF ACUTE DIARRHEAL DISEASES TO PERSONNEL IN HAITI. IN ADDITION, CERTAIN UNRIPE FRUITS SUCH AS ACKEE, A TROPICAL FRUIT COMMONLY USED IN HAITI THAT IS TOXIC IF EATEN BEFORE IT IS COMPLETELY RIPE, AND CERTAIN FISH, SUCH AS SHELLFISH AND REEF FISH CONTAMINATED WITH CIGUATERA NEUROTOXIN, POSE RISK TO PERSONNEL DEPLOYED TO HAITI.

6.F. (U) ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND APPROVED BY PROPERLY TRAINED MEDICAL PERSONNEL.

6.G. (U) NO FOOD SOURCES WILL BE UTILIZED UNLESS INSPECTED AND APPROVED BY US MILITARY PREVENTIVE MEDICINE OR VETERINARY PERSONNEL.

6.H. (U) CONTINUAL VERIFICATION OF QUALITY AND PERIODIC INSPECTION OF STORAGE FACILITIES FOR FOOD AND WATER ARE REQUIRED.

7. (U) HEALTH ASSESSMENTS AND NON-DEPLOYABLE SOLDIERS.

7.A. (U) PERIODIC HEALTH ASSESSMENTS AND SPECIAL DUTY EXAMS MUST BE CURRENT, THAT IS, LESS THAN 15-MONTHS SINCE THE LAST EXAM.

7.B. (U) SPECIFIC MEDICAL DISQUALIFIERS FOR DEPLOYMENT INCLUDE UNRESOLVED HEALTH PROBLEMS MANDATING SIGNIFICANTLY LIMITED DUTY OR REQUIRING A PERMANENT CATEGORY THREE OR FOUR PROFILE. SOLDIERS WHO DO NOT MEET THE MEDICAL RETENTION STANDARDS IN AR 40-501, CHAPTER 3, MUST BE REFERRED TO A MEDICAL EVALUATION BOARD (MEB)/PHYSICAL EVALUATION BOARD (PEB) FOR A FITNESS FOR DUTY DETERMINATION. SOLDIERS WITH A PERMANENT THREE OR FOUR IN THE PHYSICAL PROFILE WHO MEET OR MIGHT MEET MEDICAL RETENTION STANDARDS MUST BE REFERRED TO A MOS/MEDICAL RETENTION BOARD (MMRB). THE MMRB CONVENING AUTHORITY (MMRBCA) MAY WAIVE THE REQUIREMENT FOR MMRB EVALUATION DUE TO OPERATION NECESSITY. WHEN THE MMRBCA EXERCISES THIS AUTHORITY, HE OR SHE MUST CERTIFY THAT THE SOLDIERS

PERMANENT THREE OR FOUR PROFILE DOES NOT PRECLUDE THE SOLDIER FROM PERFORMING HIS OR HER PRIMARY MILITARY OCCUPATIONAL SPECIALTY (PMOS) DUTIES WORLDWIDE IN A FIELD ENVIRONMENT.

7.C. (U) PERSONNEL WHO HAVE A DENTAL, HEARING, OR WOMEN'S HEALTH READINESS CATEGORY THREE OR FOUR CONDITION, ARE PREGNANT, OR ARE HIV POSITIVE ARE NONDEPLOYABLE.

7.D. (U) ALL COMMANDERS WILL SUPPORT THEATER INITIATIVES TO IDENTIFY AND MINIMIZE HEALTH RISKS DURING THE DEPLOYMENT. IAW DODI 6490.3, PRE-DEPLOYMENT HEALTH ASSESSMENTS (DD FORM 2795), POST-DEPLOYMENT HEALTH ASSESSMENTS (DD FORM 2796), AND POST-DEPLOYMENT HEALTH REASSESSMENTS (DD FORM 2900) WILL BE COMPLETED BY ALL PERSONNEL WHO DEPLOY FOR 30-CONTINUOUS DAYS OR GREATER. COMPLETION OF THE ASSESSMENTS WILL INCLUDE A FACE-TO-FACE INTERVIEW WITH A HEALTH CARE PROVIDER. SOLDIERS WILL INITIATE THESE ASSESSMENTS VIA ARMY KNOWLEDGE ONLINE (AKO) (AT AKO HOME>SELF SERVICE>MY MEDICAL>MEDICAL SELF SERVICE (DROP DOWN TAB)>MY MEDICAL READINESS>DEPLOYMENT HEALTH ASSESSMENTS) OR IN A STORE AND FORWARD APPLICATION. HEALTH CARE PROVIDERS WILL COMPLETE THE ASSESSMENTS VIA MEDPROS WEB DATA ENTRY AT [HTTP://WWW.MODS.ARMY.MIL](http://www.mods.army.mil). A PRINTED COPY OF THE COMPLETED ASSESSMENT FORMS MUST BE PLACED IN THE SOLDIER'S HEALTH RECORD AND ANOTHER PLACED INSIDE DD FORM 2766 (ADULT PREVENTIVE AND CHRONIC CARE FLOW SHEET).

8. (U) POCS:

8.A. (U) HQDA POC: PROPONENCY OFFICE FOR PREVENTIVE MEDICINE (POPM), COL ERIC EVENSON, COM: 703-681-0022, EMAIL: ERIC.T.EVENSON@AMEDD.ARMY.MIL; HEALTH POLICY AND SERVICES (HP&S), COL JONATHAN JAFFIN, COM: (703) 681-0104, EMAIL: JONATHAN.JAFFIN1@AMEDD.ARMY.MIL.

8.B. (U) HQDA AOC-CAT: SURGEON ACTION OFFICER, COM: 703-693-4821, DSN: 223-4821, EMAIL: OTSG.AOCCAT@CONUS.ARMY.MIL.

9. (U) EXPIRATION DATE: CANNOT BE DETERMINED.

Classification: UNCLASSIFIED

Caveats: FOUO